

**MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH**

Do not use this space.

3397

1. PLACE OF DEATH

County.....

Registration District No.

791

Township.....

Primary Registration District No.

1003

City.....

St. Louis, Mo.

(No.)

Barnes Hosp

File No.

Registered No.

1029

St.

(Ward)

2. FULL NAME

Minnie Beatrice Sims

(a) Residence, No.

2803 Pine St.

St.

21 Ward.

(Usual place of abode)

(If nonresident give city or town and State)

Length of residence in city or town where death occurred

Yrs.

mos.

da.

How long in U.S., if of foreign birth?

Yrs.

mos.

da.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX

Female

4. COLOR OR RACE

Colored

5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word)

Single

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF

6. DATE OF BIRTH (MONTH, DAY AND YEAR)

Dec 8, 1909

7. AGE

YEARS

MONTHS

DAYS

If LESS than 1 day, ... hrs. min.

17

1

16

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work

School Girl

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN)

Vicksburg

(STATE OR COUNTRY)

Miss

10. NAME OF FATHER

David Simmons

11. BIRTHPLACE OF FATHER (CITY OR TOWN)

Vicksburg

(STATE OR COUNTRY)

Miss

12. MAIDEN NAME OF MOTHER

Willie Coffman

13. BIRTHPLACE OF MOTHER (CITY OR TOWN)

Vicksburg

(STATE OR COUNTRY)

Miss

14.

INFORMANT

(Address)

Bernie Lee Barrett

2803 Pine Bulw

15.

FILED

JAN 29 1927 Mar 6 8 1927

REGISTERED

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR)

1-25

1927

17.

I HEREBY CERTIFY, That I attended deceased from

Dec 31, 1926, to 1-25, 1927.

that I last saw him alive on 1-25, 1927, and that death occurred, on the date stated above, at 4:05 a.m.

THE CAUSE OF DEATH WAS AS FOLLOWS:

Cardiac decompensation
Rheumatic heart disease
Acute

10-12 Lobar pneumonia (duration) yrs. mos. da.

CONTRIBUTORY (SECONDARY)

10-12 (duration) yrs. mos. da.

18. WHERE WAS DISEASE CONTRACTED

IF NOT AT PLACE OF DEATH?

DID AN OPERATION PRECEDE DEATH? No. DATE OF

WAS THERE AN AUTOPSY? Yes

WHAT TEST CONFIRMED DIAGNOSIS

(Signed)

Clinical & Autopsy
J. B. Neerke

M. D.

, 19

(Address)

Barnes Hosp

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. PLACE OF BURIAL, CREMATION, OR REMOVAL

DATE OF BURIAL

Greenwood Cemetery

1/29 1927

20. UNDERTAKER

L. E. Williams

ADDRESS

3232 Pine St.

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

